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Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the

District of

Division

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Francisco Severo Torres

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ NoFuller Hospital (Patient Decision Board)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

FRANCISCO SEVERO TORRES784 Main StreetLeominster, U.S.A.MA, 01453-1922978-990-0244fortorres@icloud.com, ftorres5@msn.com  
edn.

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**B. The Defendant(s)**

an

Provide the information below for each defendant named in the complaint, whether the defendant is individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

## Defendant No. 1

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Faller Hospital (parties involved;  
The Patient Decision Board)  
200 May St.  
Attleboro U.S.A.  
MA 02703  
508-761-8500

## Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

## Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

## Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

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E-mail Address (if known) \_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

that

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution are at issue in this case.

The 8<sup>th</sup> Amendment of the United States Constitution.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.



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*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under  
the laws of the State of (name) \_\_\_\_\_, and has its  
principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_,  
and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount  
at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

80812

5/10/2022

# FRANCISCO SEVERO TORRES VS FULLER HOSPITAL PATIENT DECISION BOARD

## III STATEMENT OF CLAIM

I WAS A PATIENT AT FULLER HOSPITAL IN SOUTH ATTLEBORO FOR APPROXIMATELY ONE MONTH AND SEVEN DAYS(AUGUST-SEPTEMBER 7<sup>TH</sup> 2021). FOR A MISUNDERSTANDING AND A PARTIALLY BLATANT DISREGARD OF MY SIDE OF THE STORY. I AM A VEGAN SINCE 04-09-2019. I MADE THIS CLEAR IN WRITING TO THE STAFF. EVERY PATIENT HAD 24 HOUR ACCESS TO MILK. MY WRITTEN REQUEST FOR ALMOND MILK WAS DENIED THE ENTIRE TIME. THIS IS JUST PART OF THE VEGAN DISCRIMINATION THAT I FACED.

THIS VIOLATED MY 8<sup>TH</sup> AMENDMENT RIGHT PRESERVED BY THE UNITED STATES CONSTITUTION, AS IT WAS CRUEL AND UNUSUAL PUNISHMENT. I PLEADED TO THE DIETITIANS(2) DURING 2 MEETING(S) ABOUT MY DIET, AND THE PHYCOLOGICAL DOCTORS(2) ABOUT THE CALCIUM SICKNESS I HAD, DAILY, BUT THEY DID NOTHING. THEY SAID IT THE PATIENT DECISION BOARD WAS DENYING ME MY MILK. IT MADE ME FEEL LIKE THERE WAS A VENDETTA AGAINST ME BY THE GOVERNING BOARD OF FULLER HOSPITAL. IT WAS THE MOST DISCRIMINATED AGAINST THAT I HAVE EVER FELT. I SUFFERED EXTREMELY PHYSICALLY AS ALL THAT I DID WAS MY DAILY WORKOUTS. I AM A DISTANCE RUNNER AND TRIATHLON TRAINER. IF THEY DID THIS TO ME, WHO KNOWS WHAT ELSE

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THEY ARE DOING TO PATIENTS AT FULLER HOSPITAL. I BLAME THE GOVERNING BOARD. I WAS TOLD TO GO ABOUT MY DAY AS I NORMALLY WOULD, SO I DID.

#### IV RELIEF

I AM REQUESTING 7 BILLION DOLLARS BASED ON MY TALENT, AND THE DAMAGES DONE TO MY BODY[MY BODY IS STILL BEHIND IN CALCIUM, ALSO, I COULD HAVE DIED] (IN UNITED STATES OF AMERICA CURRENCY) IN DAMAGES FROM THE GUILTY PARTIES FOR: DISCRIMINATION,

THE VIOLATION OF MY VEGAN RIGHTS,

AND MY AMERICAN 8<sup>TH</sup> AMENDMENT CONSTITUTIONAL RIGHT.

I COMPLAINED DAILY TO THE STAFF ABOUT BEING THE ONLY PERSON AT THE HOSPITAL WHO WAS BEING DENIED MILK. ALSO, I WAS DENIED MY RIGHTS TO APPEAL A DECISION THAT I RECEIVED WHILE AT THE HOSPITAL. THEY HAVE REFUSED TO RETURN A HAT THAT I HAD ON DURING MY INTAKE, AND I HAVE TRIED TO GET IT BACK 4 TIMES SINCE SEPTEMBER 7<sup>TH</sup> 2021. THEY REFUSE TO COOPERATE. THE HAT IS RABBIT FUR, AND IT IS ONE OF MY LAST NON-VEGAN CLOTHING PURCHASES THAT I WILL EVER MAKE. I TOOK THE VEGAN PLEDGE, AND I TAKE IT SERIOUSLY. IT IS A PEACEFUL LIFESTYLE, AND IT IS RELIGIOUSLY FAIR.

I AM ON SSI/SSDI MY NUMBER IS:

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589-02-7739

MY DTA CASE NUMBER IS:

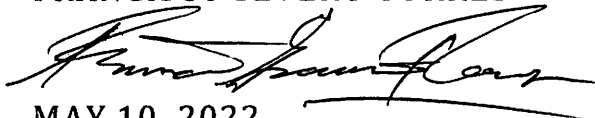
3889348

I REQUEST THAT THE PAPERS BE SERVED BY THE COURT, AND  
THAT ALL FEES BE WAIVED. MY SSI/DTA NUMBER SHOULD LEAD  
YOU TO MY DISABILITY STATUS.

ALSO I DENY ANY CLAIM(S) MADE AGAINST MY MENTAL HEALTH  
STATUS. I HAVE REJECTED ALL CLAIMS TO DATE. I AM OF SOUND  
MIND AND BODY.

SINCERELY,

FRANCISCO SEVERO TORRES



MAY 10, 2022

5/10/22

978-990-0244

FOFTORRES@ICLOUD.COM

FTORRES5@MWCC.EDU

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**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

be

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

5/10/2022

Signature of Plaintiff

Printed Name of Plaintiff

Francisco Severo Torres  
FRANCISCO SEVERO TORRES

**B. For Attorneys**

Date of signing:

\_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

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Street Address

State and Zip Code

Telephone Number

E-mail Address

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